

**2016-2019 Central Oregon Regional Health Improvement Plan Work (8-30-16)
2016-2017 Work Plan (2018-2020 to be developed)**

REPRODUCTIVE AND MATERNAL CHILD HEALTH

RHIP Priority: Reproductive and Maternal Child Health Concerns:

- Maternal and child health indicators describe the health and well-being of mothers, infants, children, and families. A mother’s health and well-being before, during, and after pregnancy has direct and sometimes lifelong effects on the health of her child.
- Unintended pregnancy refers to pregnancies that are mistimed, unplanned, or unwanted. About 51% of pregnancies in the United States are unintended (Guttmacher Institute, 2015). Measuring rates of unintended pregnancies helps gauge a population’s needs for contraception and family planning. Unintended pregnancy is associated with increased risk of health problems for the baby as the mother may not be in good health or delay prenatal care upon learning of the pregnancy.
- Immunizations are a key public health measure for preventing the spread of disease. The trend over the past few years has shown a decrease in the immunizations rates and there have been outbreaks throughout the nation. Central Oregon’s rates have decreased to a point of concern.

RHIP Goal: Goal #1: Clinical Goal – Reduce the prevalence of low birth weight among live-born infants by improving prenatal/postnatal care for mothers and infants.

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Workgroup Liaison	Timeline
<p>1. By 2019, increase the number of women in Central Oregon who receive prenatal care beginning in the first trimester from 86% to 90% (OHA 2014: Crook, Deschutes, Jefferson) -QIM Measure, -State Measure -Healthy People Measure</p>	<p><u>Prevention and Health Promotion</u> 1a. Expand prenatal and postnatal home visiting services to high-risk women in Central Oregon. The primary purpose of Maternity Case Management (MCM) is to optimize pregnancy outcomes, including reducing the incidence of low birth-weight babies. MCM services are client-centered. These services are provided face-to-face and by telephone throughout the client’s pregnancy. Perinatal services include management of health, economic, social, and nutritional factors through the end of pregnancy and a two-month postpartum period.</p>	<p><u>Prevention and Health Promotion</u> 1a1. MCH Proposal for high risk women has been developed and is in the RHIR committee. There are letters of support from St. Charles and East Cascade along with approval of the workgroup. Proposal has been approved. To include:</p> <ul style="list-style-type: none"> • Nurse Home Visits – Prenatal Women • Regional Coordinator and Screener • Health Educators to provide outreach to OB/GYN’s in three counties • Coordination with all home visiting programs through EL Hub 	<p>Muriel DeLaVergne-Brown – Chair</p>	<p>1a1. To begin project September 2016 Contracting in development.</p>

	<p>1b. Provide referral to oral health services in pregnancy.</p>	<p>1a2. Explore text for baby messages and PSA's on benefits of folic acid and harm of alcohol, tobacco, and other drug use with COHC team. 1b1. Referral to Oral Health by primary care and embedded Hygienist in WIC programs. 1b2. Coordinate efforts with Dental workgroup efforts.</p>	<p>Workgroup discussion</p>	<p>1a2. By January, 2016 1b1. Completed and Ongoing 1b2. Ongoing</p>
	<p><u>Clinical</u> 1c. Screen 100% of pregnant women and refer them to appropriate medical, dental, behavioral and social services.</p>	<p><u>Clinical</u> 1c1. Development of universal screening tool for use in the region. Referral Process: Support for Health Care: -Provider, Pediatrician, Nurse Case Management, Lactation Support, WIC, Dental visit for pregnant women 1st Tooth Training for MCH staff Explore SBIRT – Public Health Support for Parent -Parenting Programs -Home Visiting Programs -Support Groups -Substance Abuse Treatment Program -Mental Health Services -Smoking Cessation for mothers -Depression Screening Support for a Safe Home -Housing -Interpersonal Violence Support</p>	<p>MCH Workgroup</p>	<p>1c1. By January, 2016</p>
	<p><u>Policy</u> 1d. Promote policies that increase access to prenatal care with equity and rural concerns considered.</p>	<p><u>Policy</u> 1d1. Development of survey to provide to pregnant women in WIC programs to determine access issues. 1d2. Create an MCH/Child Health Quality Improvement component for the Workgroup to tackle barriers/issues in this topic area.</p>	<p>Deschutes, Crook, Jefferson in coordination with workgroup.</p>	<p>1d1. By December, 2016</p>

	<p><u>Health System/Access</u> 1e. Implement universal nurse home visiting as part of a regional perinatal continuum of care system in partnership with public health, primary care providers, and the CCO.</p> <p>1f. Implement an intra-system referral process for pregnant women in Deschutes, Crook, and Jefferson County.</p>	<p><u>Health System/Access</u> 1e1. Continuation of workgroup to determine issues, barriers, and ways to improve access to care in the region. 1e2. Expedited insurance access – evaluate OHP sign-up for pregnant women Monitor barriers. 1e3. Streamline intra-system referrals. Jefferson HIE integration. 1e4. Coordinate with Early Learning HUB 1f5. Improve linkages and coordination among public, private, and tribal entities focused on infant mortality and associated risk/protective factors.</p>	<p>Workgroup</p>	<p>1e1. By, September 2016 1e2. By December, 2016 1e3. TBD 1e4. Ongoing 1f5. Ongoing</p>
<p>2. By 2019, decrease the percent of tobacco use among Central Oregon pregnant women from an average of 12.1% to 7.0%. (OHA 2013: Crook 15%, Deschutes 9.8%, Jefferson 11.4%)</p>	<p><u>Prevention and Health Promotion</u> 2a. Provide home visits with the intent on educating on topics that include vaccinations, tobacco, alcohol, and provide key referrals to community resources.</p>	<p><u>Prevention and Health Promotion</u> 2a1. 100% pregnant women are screened for tobacco use in medical settings. 2a2. Tobacco Prevention programs in each county work on this issue – referral to the Oregon Tobacco Quit Line – Coordinate with Counties and Medical Providers to implement the e-referral process on EPIC. 2a3. OHSU – Crook County – Providers workgroup in Crook County on cessation services in Crook County. Applying for Tier II funding to continue this work with providers. Tier II Funding will provide funds to convene listening session with tobacco users including pregnant women to determine steps for offering cessation support in Crook County.</p>	<p>Pamela Fergusson, DCHD Michael Baker, JCPH Barb I., JCPH Muriel DB, CCHD Paula H. CCHD In coordination with: Penny P. DCHS Kris W. CCHD Emily W. JCPH Tobacco Coord.</p>	<p>2a1. By 2017 2a2. By 2017 2a3. By October, 2017</p>

	<p>Clinical 2b. Implement the “2As and R” and “5As” tobacco cessation and counseling in all healthcare settings. 2c. Increase referrals to pregnant women to use tobacco to the Oregon Tobacco Quit Line.</p>	<p>Clinical 2b1. Home visiting programs 2b2. Interventions in providers offices 2c1. EPIC/OCHIN is working on a solution for e-referrals through EHR</p>	<p>Tobacco Coordinators in each County</p>	<p>2b1. Current 2b2. By January, 2017 2c1. By 2017</p>
	<p>Policy 2d. Promote policies that decrease tobacco use.</p>	<p>Policy 2d1. Central Oregon Intergovernmental Council/East Cascades Transit Marketing Campaign – Quit Line 2d2. Tobacco free campus policy work in counties, Deschutes and Crook County received the SPArC grant and are creating a tobacco prevention coalition. One of their focuses is to work on retail policy. 2d3. Coordination with Cardiovascular group to increase policy initiatives in the tri-county area to increase tobacco free campus policies, outdoor venues, and promotion of the Oregon Tobacco Quit line (COIC/CET buses in tri-county area). 2d4. Increase in tobacco tax locally. 2d5. Coordinate efforts with the Cardiovascular Disease and Diabetes Prevention Workgroup and COHC to promote policy statements.</p>	<p>Tobacco Coordinators in each County, along with Public Health Directors, Medical Provider</p>	<p>2d1. Complete 2d2. Ongoing 2d3. Ongoing 2d4. TBD 2d5. TBD</p>
	<p>Health System/Access 2e. Implement e-referral access through the region.</p>	<p>Health System/Access 2e1. EPIC/OCHIN is working on a solution for e-referrals through EHR.</p>	<p>Tobacco Coordinators in each County EPIC Providers Champions</p>	<p>2e1. By January, 2017</p>

<p>3. By 2019, reduce low birth weight (less than 2500 g, less than 5lbs8oz) to and incidence of no more than 5% of live-born infants in Central Oregon (OHA 2014:</p>	<p>Prevention and Health Promotion 3a. Expand prenatal and postnatal home visiting services to high-risk women in Central Oregon. The primary purpose of Maternity Case Management (MCM) is to optimize pregnancy outcomes, including reducing the incidence of low birth-weight babies. MCM services are client-centered. These services are provided face-to-face and by telephone throughout the client’s pregnancy. Perinatal services include management of health, economic, social, and nutritional factors through the end of pregnancy and a two-month postpartum period.</p>	<p>Prevention and Health Promotion 3a1. MCH Proposal for high risk women has been developed and is in the RHIR committee. There are letters of support from St. Charles and East Cascade along with approval of the workgroup. Proposal has been approved. To include:</p> <ul style="list-style-type: none"> • Nurse Home Visits – Prenatal Women • Regional Coordinator and Screener • Health Educators to provide outreach to OB/GYN’s in three counties • Coordination with all home visiting programs through EL Hub <p>3a2. Explore text for baby messages and PSA’s on benefits of folic acid and harm of alcohol, tobacco, and other drug use with COHC team.</p>	<p>Muriel DeLaVergne-Brown – Liaison Crook, Deschutes, Jefferson, ELHUB High Desert</p>	<p>3a1. Approved/in Process</p> <p>3a2. By January, 2017</p>
	<p>Clinical 3a. Implement the “2As and R” and “5As” tobacco cessation and counseling in all healthcare settings. (See 2B) 3b. Increase referrals to pregnant women to use tobacco to the Oregon Tobacco Quit Line. (See 2C) Screen 100% of pregnant women and refer them to appropriate medical, dental, behavioral and social services (See 1C)] 3c. Coordinate to Behavioral Health Substance Use and Chronic Pain Workgroup to create an efficient, effective, and coordinated system of outreach, engagement, and care coordination services to serve pregnant women who use drugs and alcohol. (Public Health and Primary Care to refer).</p>	<p>Clinical 3b1. Home visiting programs 3b2. Interventions in providers offices 3c1. EPIC/OCHIN is working on a solution for e-referrals through EHR</p>	<p>MCH Workgroup</p>	<p>3b1. Approved 3b2. TBD 3c1. By January, 2017</p>
	<p>Policy 3d. Promote policies that decrease tobacco use.</p>	<p>Policy 3d1. Central Oregon Intergovernmental Council/East Cascades Transit Marketing Campaign – Quit Line 3d2. Tobacco free campus policy work in</p>		

		counties2a4. Crook County received the SPArC grant and is creating a tobacco prevention coalition. One of their focuses is to work on retail policy. 3d3. Coordination with Cardiovascular group to increase policy initiatives in the tri-county area to increase tobacco free campus policies, outdoor venues, and promotion of the Oregon Tobacco Quit line (COIC/CET buses in tri-county area). 3d4. Increase in tobacco tax locally.		
	Health System/Access 3e. Coordinate efforts with partners.	Health System/Access 3e1. TBD	Workgroup	TBD
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status		
Health Care System/Providers – Clinical Strategies Prevention/Health Promotion – Tobacco Coordinators in each county MCH Workgroup partners	<ol style="list-style-type: none"> 1. 90% 2. 7.0% 3. 5% 	Planning and program development – next step implementation for some areas. Tobacco strategies are being implemented.		

RHIP Goal: Goal #2: Prevent unintended pregnancies.

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
<p>4. By 2019, increase effective contraception use among women of childbearing age in Central Oregon from 31.4% to 50%.</p>	<p><u>Prevention and Health Promotion</u> 4a. Screen women for their pregnancy intention on a routine basis by implementing “One Key Questions©” with all providers in Central Oregon. 4b. Support and promote contraception immediately following pregnancy. 4c. Provide evidence based community messaging and curricula to adolescents focusing on preventing unintended pregnancy, HIV/AIDS, and STIs. 4d. Ensure timely access to contraceptives and STI support.</p>	<p><u>Prevention and Health Promotion</u> 4a1. Crook and Jefferson counties have received QIM dollars to implement and train community partners. Deschutes County will apply for funds to implement in Deschutes County. The programs include Public Health, primary care providers, dental, and behavioral health. Program is in process with providers at this time. 4a2. Implementation of this metric in the Electronic Health Record system EPIC/OCHIN 4a3. Discussions at Ops as to the implementation and success 4b1. Investigate the School Health Index. Crook, Jefferson, and Deschutes County Health Departments will work with school</p>	<p>4a1. Current – Ongoing 4a2. Ongoing 4a3. By January, 217 4b1. Partial Completed Remainder by January, 2017</p>

		districts in their counties to continue the My Future, My Choice Programs, and assist with implementation of new programs.	
	<p>Policy</p> <p>4e. Promote the inclusion of age appropriate, medically accurate sexual health education in our schools.</p> <p>4f. Promote policies that support barrier free access to contraceptives.</p> <p>4g. Promote policies that support the use of LARC as the most effective birth control option for women at highest risk for pregnancy.</p>	<p>Policy</p> <p>4e1. Future development of a campaign</p> <p>-Improve access for women – coordination among partners</p> <p>4f. Develop workflows and collaboration with partners to ensure access of women to contraceptive services with no barriers</p> <p>4g. Determine strategies to promote use of LARC.</p>	<p>4e1. By June, 2018</p> <p>4f1. By November, 2017</p> <p>4g1. By June, 2017</p>
	<p>Health System/Access</p> <p>4h. Expand access/marketing to improve effective contraception rates in primary care and public health.</p>	<p>Health System/Access</p> <p>4h1. Determine strategies</p> <p>4h2. HB2879 The law’s purpose is to increase access to self-administered hormonal birth control, while addressing safety concerns, resulting in a decrease in unwanted pregnancies.</p>	<p>4h1. TBD</p> <p>4h2. TBD</p>
Parties Responsible/Responsibility	Target Metric	Implementation Progress and Status	
Public Health Departments Mosaic Medical LaPine Community Clinic St. Charles Family Care Primary Care Planned Parenthood (Coordination at the OPS meetings)	5. 50%	Ongoing work in this area with all partners. One Key Question implementation is on track.	

RHIP Goal: Goal #3 Improve Immunization rates of children birth to two years of age.

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
<p>By 2019, increase the Central Oregon State Performance Measure – Child Immunization State Rate (0-24 months) from 62.1% to 80%. (OHA 2014: 4.3.1.3.3.1.4 – Crook 63%, Deschutes 60%, Jefferson 70%)</p>	<p>Prevention and Health Promotion</p> <p>5a. Increase 2-year-old children immunization rate by implementing the Central Oregon Regional Immunization Rate Improvement Project (IRIP) in Deschutes, Crook and Jefferson County using the AFIX Program in CCO</p>	<p>Prevention and Health Promotion</p> <p>5a1. AFIX Program has been funded through Deschutes County in coordination with Crook and Jefferson to apply AFIX to medical offices who provide immunizations in the region</p> <p>5a2. Medical offices providing incentives,</p>	<p>5a1. Funding provided through QIMs, Project on track.</p> <p>5a2. Completed, ongoing</p> <p>5a3. Completed, ongoing</p> <p>5a4. By June, 2017</p>

	participating clinics.	reminder calls. 5a3. Coordinate immunization and dental screening services during WIC clinics. 5a4. Set up reminder systems for recall.	
	Clinical 5b. Continue tri-county immunization coalition to provide information and education.	Clinical 5b1. Educate professional offices and office staff immunization schedules, techniques to improve immunization rates.	5b1. Ongoing
	Policy 5c. Promote immunization law improvements to require immunizations.	Policy 5c1. Participate in legislative work to improve immunization rates.	5c1. By January, 2017
1.	Health System/Access 5d. To be developed	Health System/Access 5d1. To be developed	5d1. TBD
Parties Responsible/Responsibility		Target Metric	
Public Health Departments COPA Mosaic Medical LaPine Community Clinic St. Charles Family Care (Coordination at the OPS meetings)		1. 80% AFIX has been funded and provider offices are working on individual strategies to improve their QIM metric.	

RHIP Goal: Childhood Health (Early Learning)

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
2. General Child Health	Childhood Health 6A. Reduce child maltreatment using evidence based home visiting programs that work to improve family well-being and to reduce child maltreatment by coordinating services for high risk families. 6B. Provide referrals that link client to community services, resources, and support (Early Learning Metric)	Early Learning Workgroup To be determined	To be determined
Parties Responsible/Responsibility		Implementation Progress and Status	
Early Learning Workgroup			